

State of Alaska  
Department of Revenue  
Tax Division  
PO Box 110420  
Juneau, AK 99811-0420  
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**State of Alaska**  
**Tire Fees Quarterly Return**  
**AS 43.98**

This form is available online at [www.tax.state.ak.us/forms.asp](http://www.tax.state.ak.us/forms.asp)

DEPT USE ONLY

ENV:

FSN:

**DO NOT USE THIS FORM FOR QUARTERS ENDING AFTER JUNE 30, 2004**

☐ Check if amended return and attach explanation.

**Note:** The Tire Fee Return is due the **30th day** of the month following the end of the calendar quarter.

Federal EIN or SSN		AK Business License #		Calendar Quarter Ending	
Name				E-mail Address	
Mailing Address				Telephone Number	
City		State	Zip Code	Fax Number	
Contact Person			Title	Contact Telephone Number	

**Fee Calculation - All New Tires Including ALL NEW STUDDED TIRES**

1. Total number of new tires sold (including all new studded tires)	
2. Number of new tires sold to exempt persons and resellers	
3. Number of taxable new tires sold (subtract line 2 from line 1)	
4. Fee rate per tire	\$ 2.50
5. Total Fees on New Tires (multiply line 3 by line 4)	
6. Timely Filing Credit: 5% of line 5, not to exceed \$900	
7. <b>AMENDED RETURNS ONLY</b> Tire Fees previously paid for this calendar quarter	
8. Amount Due - Subtract lines 6 and 7 from line 5 (AMENDED RETURNS: Subtract only line 7 from line 5) *	

\*YOU MUST MAKE A WIRE TRANSFER OR ELECTRONIC FUNDS TRANSFER (EFT) IN ACCORDANCE WITH 15 AAC 05.310 IF THE AMOUNT DUE IS \$100,000 OR MORE

Check if you are remitting by: ☐ Wire Transfer ☐ EFT Receipt Number \_\_\_\_\_

To avoid wire transfer fees, sign up for the Alaska EFT Program, known as ASAP.

Go to: [www.tax.state.ak.us/forms.asp](http://www.tax.state.ak.us/forms.asp)

*I declare under penalty of perjury that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, the preparer's declaration is based on all information of which the preparer has any knowledge.*

Signature	Type or Print Name	Date
DEPARTMENT USE ONLY		VALIDATION
PMD		